



The Similarities Between Birth Plans and Living Wills

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ABSTRACT

Birth plans and living wills are both advance directives that promote individualized care and improved outcomes for individuals and their families.

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READER'S QUESTION

What do a birth plan and a living will have in common? When Dr. Philipsen spoke at the 2005 meeting of the Coalition for Improving Maternity Services (CIMS), I heard her mention that there are similarities, and this was new to me!

– An LCCE educator from Michigan

COLUMNIST'S REPLY

Clearly, there are differences between birth plans and living wills; however, I find many more similarities than differences. For starters, ask yourself, “Why do we write birth plans and living wills?”

Tools for “Preparedness”

Most of us know that, as long as we are mentally competent, we are to be consulted about desired treatments. We need sufficient information either to consent to or choose a different course of treatment. When a patient has lost the capacity to communicate, the situation is different. Thus, most of

us gather information in advance and write “advance directives”—such as birth plans and living wills—out of concern for control of an important aspect of our lives. These address particular practices and *our* choices. To support your living will decisions, use another advance directive called a “durable power of attorney for health care.”*

Do women in labor lose the capacity to communicate? Normally, they do not. Most birthing women communicate very effectively, but they do anticipate the need to conserve their energies for birthing. They also recognize birthing as a major life event, in which the outcome is uniquely important. Expectant women often want to take care of as much as they can in advance, so they may attend

* While it does not tell others our choices for care, it does answer the critical question, “Who do I want to make decisions for me if I am unable to make them?” Every adult of any age and health status should have this document. If we do not, the government will choose our decision-maker, usually based on familial status.

special childbirth education classes (including Lamaze classes), surf the Web, or talk to other family members about their experiences. Writing a birth plan (or living will) requires a woman to examine her values, identify her goals, and educate herself. Most of us know that the outcomes are better when we can “be prepared” for an event.

Tools for Avoiding Institutional Routines

If we do not express our views, routine medical procedures and treatments will likely be provided. Advances in medical technology have changed our cultural context of birthing and dying—typically moving us from our home and our loved ones to an institution and providing whatever treatment is available. Inherent in each new technology is its own motivator for routine use (cost effectiveness, standard protocols, reimbursement agreements, defensive medicine, trips or other incentives for doctors from drug companies, etc.). Routine protocols are essential for the efficient functioning of large hospitals and in our individual lives. However, we have heard or read about institutional or medical “routines,” which sound risky, degrading, uncomfortable, or contrary to our personal philosophies. If we respond passively, we consent to these routines.

Tools for Active Responses and Personal Medical Records

Our personal right to decide to institute, continue, or terminate tests and treatment means we have the right to refuse them, but refusal requires an active response. Most routines and standard care practices will happen automatically if we do not refuse them or express an alternate choice. Written birth plans and living wills are health-care directives—both of which are active responses and become part of the “medical record” at our request.

Tools That Promote Better Care

Most of us want individualized care. That is, we want care and treatment to be responsive to what will provide the best outcomes for us and for our families. Best care means the best information is applied to the individual case. We have a right to have our wishes respected (this is established by state and federal court decisions), as long as those wishes are known to a fairly certain degree. When planning for the beginning of a new life, most women view a clearly written birth plan as helping them promote better care by making their wishes known and re-

spected. This is the same motivation that leads us to write a living will when we are planning for the end of life.

Tools That Support Through Normal, Universal, Human Life Events


Birth plans and living wills both express our wishes about normal life events: birthing and dying. Neither birth nor death is a medical or surgical event. Both are universally significant, biological, cultural, and individual experiences.

Tools That Help Families Communicate

Despite our best efforts to plan for all eventualities in either health-care declaration, our plan or directives may not be appropriate for all circumstances. Therefore, it is important to discuss our desires with family and friends. Discussion gives us the opportunity to clarify and amplify our choices, for them and for ourselves. On the basis of recollections of our discussions, family members can help support our choices or clarify our wishes later. Another benefit of discussion with family members is the avoidance of confrontations when there is conflict about taking certain actions for us. If we have discussed our wishes with a number of people, our wishes are more likely to be honored and supported, and cause less conflict.

Tools That Help Communication with Caregivers

It is important that we discuss our health-care goals and choices with our physician and other caregivers. They are likely to be the ones deciding treatment and caring for us when our instructions become relevant, and they are much more likely to honor requests that have been communicated directly. Furthermore, our physician or caregiver can help us phrase our choices in a way that makes sense to others, and can answer our questions. Finally, she or he can point out any illogical or inconsistent features of our requests. Sometimes, refusing one kind

 For more information on living wills, visit the Web site for the American Bar Association (www.abanet.org) and type “advance directives” in the site’s “Search” feature.


 “The Rights of Childbearing Women,” a statement developed by the Maternity Center Association (MCA), is available at MCA’s Web site (www.maternitywise.org). Click on the link titled “Your Rights.”

 The characteristics of a mother-friendly birthing environment, as set out by the CIMS, is available at CIMS’s Web site (www.motherfriendly.org).

Written birth plans and living wills are health-care directives—both of which are active responses and can become part of the “medical record” at our request.

Our physician or caregiver should also tell us if there are aspects of our requests that she or he cannot honor because of personal, moral, or professional constraints.

The creation of a birth plan and a living will are acts of responsible citizenship to promote and protect the civil liberties guaranteed to individuals by the U.S. Constitution.

 Several Web sites provide interactive tools for creating a birth plan. Before recommending any of these sites, childbirth educators should review them for formula advertising and other sales promotions, privacy statements (regarding the use of identifying expectant parents' information), and excessively negative tones in the wording of a birth plan.

of treatment makes it illogical to expect to receive another kind of treatment. Our physician or caregiver should also tell us if there are aspects of our requests that she or he cannot honor because of personal, moral, or professional constraints. Sometimes, we discover through this discussion that we need to change caregivers. Because physicians and other caregivers should value our decisions, the choice of a caregiver is the most important decision we can make about our care. The second most important choice is probably the person we choose to make decisions on our behalf with the durable power of attorney for health (or medical) care.

Tools That Enable Advocacy

Both birth plans and living wills reflect observations that institutional “informed consent” has not promoted individualized care or even resulted in much change in care. It is little wonder that many of us fear that informed consent is not functioning as it was meant to. In response, we create both birth

plans and living wills to promote our civil right to informed choice. Both are affirmative steps toward having our choices respected and providing clear and convincing evidence of what we want in today’s health-care environment. The creation of a birth plan and a living will are acts of responsible citizenship to promote and protect the civil liberties guaranteed to individuals by the U.S. Constitution. Our birth plans and living wills are gifts to ourselves and to our loved ones.

NOTE TO READERS

“Ask an Expert” answers are not official Lamaze International positions and are not intended to substitute for consulting with your own attorney or other certified professional. Nayna Philipsen welcomes your questions. Please send them to “Ask an Expert,” Lamaze International, 2025 M. Street NW, Suite 800, Washington, DC 20036-3309, or via email to naynamom@aol.com.

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ELECTRONIC GUIDE OFFERS RESOURCES ON POSTPARTUM DEPRESSION

The new edition of “Knowledge Path: Postpartum Depression” offers a selection of current, high-quality resources about the prevalence and incidence of postpartum depression, identification and treatment, impact on the health and well-being of a new mother and her infant, and implications for service delivery. Produced by the Maternal and Child Health (MCH) Library, the knowledge path includes information on (and links to) Web sites, electronic and print publications, databases, and online discussion groups. It is intended for use by health professionals, program administrators, policymakers, researchers, and women and families experiencing postpartum depression. The knowledge path is available at http://www.mchlibrary.info/KnowledgePaths/kp_postpartum.html

MCH Library knowledge paths on other maternal and child health topics are available at <http://www.mchlibrary.info/KnowledgePaths/index.html>